Cover Sheet

To help the Education Department process your application in a timely manner, please use this check sheet to ensure that you are sending us the appropriate forms.

| This package must include the following documentation: |
|---|
| Completed LTBB Adult Vocational Training Scholarship Application |
| Copy of Tribal Membership Card |
| Release of Information Form |
| Certificate of Agreement |
| Copy of Current Class Schedule/Proof of enrollment |
| Copy of program information from <u>accredited institution</u> including program length, cost of attendance and supplies needed. Example: Brochure or website |
| Completed W-9 Form(s) |
| Copy of fee schedule and invoice to be paid |

This scholarship program:

- 1. provides assistance towards the completion of a certificate or license granted through an accredited institution . The award shall not exceed a \$1500 lifetime maximum.
- 2. provides assistance with direct expenses only (tuition, books, fees, supplies, etc.) and shall be paid to the institution or vender directly.
- 3. is available to tribal members on a first come first serve basis until funds for year are exhausted.
- 4. does not provide for reimbursement of expenses.
- 5. is not available to Michelle Chingwa recipients until grades from last semester awarded are received.
- 6. is not available to students with outstanding balances for Michelle Chingwa Education Assistance program until their outstanding balance is \$0.
- 7. Shall not be combined with the Michelle Chingwa Education Assistance Scholarship for the same program of study.

Application

School Year 20___ TO 20___

| Name: | Last | First | MI. | Maiden | D.O.B. | Social Security # |
|-----------|---------------------------------|--|---------|----------------|-----------------------|---------------------|
| PERMA | NENT ADD | RESS: | | | Tr | ibal ID# |
| _ | | | | | | |
| | e, Zip | | | | | |
| | | | | | | |
| SCHOO | L ADDRESS | : (Where | you liv | e while attend | ding school) | |
| Street | | | | | | |
| • | | | | | | |
| Phone Nu | mber | | | | | |
| E-Mail Ac | ldress | | | | | |
| Cabaal T | | | | | | |
| | | | | | | |
| Address | | | | | | |
| City Stat | | | | | | |
| Longth of | f program | | Cost | of attandance | · | |
| | | | | to | | |
| Expected | uates of effic | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | to | | |
| Books, fe | es, and suppl | ies that wi | ll be n | eeded in addit | tion to tuition expe | nses |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | that the inform y knowledge. | _ | en by | me on this for | rm is true, correct a | and complete to the |
| | | | | | | |
| Signature | of student | | | | Date | |

Certificate of Agreement

Certificate of Agreement means a written agreement between a grant recipient and the Education Department of the Little Traverse Bay Band of Odawa Indians describing conditions of agreement including requirements and how a recipient pays back grants when the recipient does not meet the program criteria.

Conditions of Agreement:

- 1. You must apply for the Michigan Indian Tuition Waiver if you are attending an institution that accepts the waiver. You must also apply for any other financial aid available including the FAFSA in applicable. Proof of application may be requested.
- 2. You are required to pay back any portion of a scholarship you receive if you fail to enroll, withdraw, or are expelled before the completion of a term or training period.
- 3. Within ten days of your failure to enroll, withdrawal, or expulsion you shall submit to the Education Department the following:
 - a. The date of your failure to enroll, withdrawal, or your expulsion, and;
 - b. A copy of your request to the institution that all remaining Little Traverse Bay Band of Odawa grant funds be returned to the Little Traverse Bay Band of Odawa Indians Education Department

If total amount of scholarship is not returned by the institution, you, the student will be required to pay back any or all of scholarship, subject to appeal. Failure to pay back funds will make you ineligible to receive any future Adult Vocational Training Scholarship funds.

| I, the student, as scholarship recipient, agree to the above terms and conditions. | | | | | |
|--|------|--|--|--|--|
| Student Signature | Date | | | | |
| Student Printed Name | | | | | |

Release of Information

| Students Printed Name | Social Security Number |
|--|--|
| Special terms that apply: | |
| AVT Program: Adult Vocational Training Program | L |
| Education Department means the Education Department Indians. | rtment of Little Traverse Bay Bands of Odawa |
| Financial Aid Office means the office of an institut for institutionally administered financial aid. | ion of higher education that has responsibility |
| Financial Aid Package means the institution's docu financial aid awarded by the institution and the amo | • |
| <i>Transcripts</i> mean an official copy of the student's of the request. | courses, grades, and grade point average to date |
| Tribe means the Little Traverse Bay Bands of Oday | wa Indians or the Waganakising Odawa. |
| Special Achievements means events worthy of certifications, Dean's List or other lists of academic achievements | • |
| Accredited institution: Institution will be accredited reviewed by the Education Department. | l by a recognized accrediting institution to be |
| <i>Press release</i> means any form of public notification meeting, bulletin boards. | 1 i.e. Odawa Trails Newsletter, Annual Tribal |
| Authorization: | |
| I authorize, the instite Education Department any requested documentation aid package information. I also authorize the LTBE on my behalf in cases of special achievements, grace published, and to release academic information from of both the tribal government and its enterprises. | B Education Department to make press releases duations, and any other event I may want |
| Signature of Student | Date |